



MEDICAL BOARD OF CALIFORNIA Licensing Program



APPLICANT ADDRESS CHANGE REQUEST

This form may be used if you have a pending application on file for a Physician's and Surgeon's license or a Postgraduate Training Authorization Letter (PTAL). **Please Note:** The public address of record will be disclosed to all persons or entities in response to a written or verbal request. The address of record will be posted on the Medical Board's Web site once you have obtained a license.

ATS#:

E-MAIL ADDRESS:

NAME:

LAST

FIRST

MIDDLE

PREVIOUS ADDRESS OF RECORD:

CITY

STATE

ZIP CODE

COUNTRY

REQUEST TO HAVE MY ADDRESS OF RECORD CHANGED TO:

If the public address of record is a Post Office Box, a confidential street address must be provided. The confidential street address will not be released to persons or entities in response to a written or verbal request.

(30 characters maximum per line, including spaces)

(30 characters maximum per line, including spaces)

CITY

STATE

ZIP CODE

COUNTRY

CONFIDENTIAL STREET ADDRESS:

A confidential street address is required if the public address of record is a Post Office Box.

CITY

STATE

ZIP CODE

COUNTRY

SIGNATURE:

DATE:

Applicant's signature and date are required to process this request.